



Miami Dade Housing Agency
Applicant and Leasing Center
2925 NW 18th Avenue • Miami, FL 33142-6005
305-638-6464 • Fax: 305-634-0426
TDD: 305-638-6606
www.co.miami-dade.fl.us/housing



INFORMAL REVIEW REQUEST

Instructions: This form is to be used if you would like to request a review of the status of your housing application. Please complete this form and mail or fax to the Applicant and Leasing Center.

CLIENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

CLIENT NUMBER: _____ SOCIAL SECURITY NUMBER: _____ / _____ / _____

CURRENT STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY TELEPHONE: _____ EVENING TELEPHONE: _____

APPLICANT SIGNATURE: _____ DATE: _____

(FOR ALC OFFICE ONLY)

REQUEST WAS MADE BY:

- ☐ Client in Office ☐ Fax
☐ Telephone ☐ Other _____

STAFF RECEIVING REQUEST (PRINT): _____ DATE: _____

YOUR APPLICATION WAS WITHDRAWN FROM THE FOLLOWING WAITING LIST(S):

- | | |
|--|-----------------------|
| <input type="checkbox"/> Section 8 Moderate Rehabilitation | Date Withdrawn: _____ |
| <input type="checkbox"/> Section 8 Voucher | Date Withdrawn: _____ |
| <input type="checkbox"/> Public Housing | Date Withdrawn: _____ |

REASON FOR WITHDRAWAL:

- | | |
|--|--|
| <input type="checkbox"/> Refused Offer | <input type="checkbox"/> No response |
| <input type="checkbox"/> Failure to notify of address change | <input type="checkbox"/> Failure to update application |
| <input type="checkbox"/> Other: _____ | |

I acknowledge that the above information has been verified and the applicant is () is not () entitled to an informal review.

IF NOT (STATE REASON): _____

SIGNATURE: _____, Tenant Selection Supervisor

DATE: _____

Miami-Dade Housing Agency does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry, sexual orientation, or familial status in the access to, admissions into, or employment in, housing programs or activities.

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